

As Nevada was being established as a territory and then a state in the 1860s, there was growing national and international interest in public health issues. The horrifying medical conditions encountered during the Civil War led to an appreciation in the United States of the role of organization and administration in limiting disease and mortality. Internationally, concern over the spread of Asiatic Cholera, especially with the increase in travel due to the development of improved steam navigation, led to recognition of the need for governments to be involved in preventing and controlling epidemics. These trends were further reinforced by the demonstration of the relationship between germs and disease in the 1870s and the subsequent developments in asepsis, inoculation, laboratory diagnostic work, and recommended hygiene measures.

Legislative provision in relation to public health was relatively comprehensive and up-to-date in Nevada from quite early in its history. However, most statutes were weak in providing for enforcement. Although specific statutes included penalties for not adhering to their standards, there was no overall authority responsible for enforcing the standards and no coordination between the various statutes. Thus, on paper, Nevada appeared to have fairly good public health provisions by the standards of the time; but, in practice, health conditions in many communities left much to be desired.

In 1893, the Legislature created a State Board of Health, but this body was so under-funded and understaffed that it could only have a limited effect. It was only with the increased involvement of the federal government in public health matters from the 1930s that a more effective State Board began to develop.

Thus, although state involvement with health concerns in Nevada built on precedents established during the Territorial period and the state became concerned with enough aspects of health to warrant pursuing these as a distinctly organized function of state government by the late nineteenth century, a number of public health matters were not brought under the control of the central state health agency until well into the twentieth century and some still remain under separate agency jurisdiction.

The dividing line between state and local responsibility and authority has always been a general issue in health policy. From the post World War I period especially, the relationship between state and federal programs also becomes more frequently part of the equation. In many programmatic areas, the records of state involvement only provide part of the total picture of government provision for the health needs of the population of Nevada. For much of the earlier period local records, including court records, would have to be used to achieve a comprehensive picture of public health endeavors; and for the later period, federal records would provide information on activity carried out directly by federal agencies and in conjunction with the State Board.

The many areas related to public health in which government became involved in Nevada can be grouped into four categories: (1) Matters related to the maintenance of public spaces and infrastructure such as water quality, drainage, sewerage, and nuisances. (2) Matters related to the control of contagious disease such as vaccination, notification, and the gathering of statistical data. (3) Matters related to the general quality of public health such as conditions of food production and service, and disease control in livestock. (4) The direct amelioration of individual health problems by providing medical care, especially for the indigent.

Some degree of government responsibility in each of these areas was established in Nevada before the creation of the State Board of Health. Most of the acts providing for the incorporation of towns and cities, beginning with An Act to Incorporate the City of Virginia in 1864, included municipal authority over streets, lighting, drains, and sewers; power to define and prevent nuisances; licensing and regulatory powers for businesses including restaurants, hotels, etc.; and the authority to establish and maintain a local Board of Health.

Similar powers were later given to Boards of County Commissioners in respect of unincorporated towns. However, there was relatively little coordinated development of sewer systems before the 1890s (and even then provision was generally less than adequate and many communities did not have

reasonable sewerage systems until well into the twentieth century) and the responsibility for the provision of water was often delegated to private corporations. Licensing authority was often used simply as a means of revenue generation rather than as an adjunct to regulation in the interest of public health. And it does not seem likely that much advantage was taken of the capacity under these incorporations to establish local Boards of Health. As in the case of much early health related legislation in Nevada, these incorporating acts seem to include fairly sensible and comprehensive provisions; but to what extent such legislation was ever implemented is another question.

PRE-BOARD OF HEALTH LEGISLATION

In addition to the various public health related provisions which were included in acts for municipal incorporation, the Nevada Legislature passed a number of acts related to each of the four main areas of public health concern in the years before they established the State Board of Health:

(1) Public Spaces

The basic criminal law passed at the first session of the Territorial Legislature in 1861 made it an offense to "pollute, or obstruct any watercourse, lake, pond, marsh, or common sewer, or continue such obstruction or pollution, so as to render the same offensive or unwholesome to the county, city, town, village, or neighborhood thereof." Conviction could lead to a fine of up to one thousand dollars and the court could order the abatement of the condition by the County Sheriff.

This general prohibition predated the specific powers related to drains, sewers, and nuisances subsequently granted to towns in their acts of incorporation and to Boards of County Commissioners in respect of unincorporated towns. However, the only way to enforce this provision was to bring a criminal prosecution and it was only after a criminal conviction that abatement could take place.

(2) Contagious Diseases

In 1862, the Territorial Legislature provided that the Governor of the Territory should appoint a graduate in medicine as Vaccine Agent who should obtain from the Vaccine Agent of the United States a supply of "genuine vaccine matter ... for the use and benefit of the citizens of this Territory." The Agent was to advertise the availability of this supply, to furnish it to physicians, and to certify the quality. For providing this service, the Agent was entitled to charge for each parcel "consisting of one scab, or its equivalent" twenty dollars and an additional dollar for the certificate.

In 1869, the State Legislature prohibited the re-use of clothing and bedding that had been used by "any person afflicted by small-pox or other infectious or contagious disease." Re-using or transporting such material was to constitute a misdemeanor and be subject to a fine of up to five hundred dollars, imprisonment for up to six months, or both. A court convicting someone under this act was also given the power to order and ensure the destruction of such property. Anyone guilty of this offense could be held liable for civil damages for any loss or expense from any resulting infection or death.

In 1879, the Legislature provided that it would be unlawful to carry out interments without a death certificate from a physician, when the death occurred within the limits of an incorporated town or city, and a burial permit from the County Coroner. If there was no attending physician, the burial permit would suffice. The Coroner was to file the physician's certificates, keep a record of them, and a memorandum of all burial permits issued. These records were to constitute part of the public records of the office and be turned over to his successor. Issuing a false death certificate would constitute a felony punishable by one to five years in the State Prison. Performing an interment without meeting the provisions of this act would constitute a misdemeanor punishable by a fine of fifty to five hundred dollars, one to six months imprisonment, or both.

Also in the 1879 session, the Legislature passed a separate act prohibiting the disinterment of those who died "from or with any contagious or loathsome disease," but otherwise authorizing County

Commissioners to issue permits for disinterments if they judged there was no danger to public health. Exhuming human remains without such a permit would be deemed a misdemeanor punishable by a fine of three hundred to five hundred dollars, six to twelve months imprisonment, or both.

(3) General Public Health

The basic criminal law passed at the first session of the Territorial Legislature in 1861 included a provision that anyone who "shall knowingly sell any flesh of any diseased animal, or other unwholesome provisions, or any poisonous or adulterated drink or liquors" should be subject to a fine not to exceed five hundred dollars or imprisoned for not more than six months.

In the United States, ensuring the wholesomeness of food offered to the public became increasingly seen as a responsibility of government in the later nineteenth century. This led inevitably to a concern with not only the processing and retailing of food, but also the health of livestock.

In 1879, the Legislature prohibited the sale of "impure, adulterated or unwholesome milk" and established requirements for keeping and feeding dairy cattle. Anyone who contravened the provisions of this act would be guilty of a misdemeanor and was to be fined not less than one hundred dollars per offense or imprisoned for not less than thirty days if the fine was not paid. Half of any fine imposed was to be paid to the person or persons making the complaint and the other half to be paid into the School Fund. In 1881, this act was amended to provide for the appointing, by County Commissioners, of a Milk Inspector who would be paid to inspect milk offered for sale. The punishment for selling adulterated or impure and unwholesome milk was amended to a fine of twenty-five to two hundred dollars or imprisonment in the County Jail for fifty to one hundred days. All fines were now to be paid into the School Fund.

The 1881 session of the Legislature also passed an act "to Punish and Prevent Deception in the Manufacture and Sale of Butter." This prohibited the manufacture and sale of "any article or substance in semblance of butter" unless it was made exclusively of milk or cream. If any oil or fat not from milk was included, the package was to be labeled "Oleomargarine." A manufacturer who did not so label the product was subject to a fine not exceeding five hundred dollars and imprisonment for thirty days to six months. Anyone selling a product without the required labeling was subject to a fine of twenty five to one hundred dollars for each and every offense. The act also provided that the lettering identifying the product must be of a minimum size on particular types of packaging.

In 1887, it was made unlawful to knowingly bring into the state any animals with an infectious disease. Breach of this law constituted a misdemeanor punishable by a fine of not less than five dollars, by imprisonment of ten to twenty-five days, or both, for each and every diseased animal so imported. Knowingly selling a diseased animal without disclosing the fact to the purchaser was also made a misdemeanor, this punishable by a fine of twenty to one hundred dollars, imprisonment of ten to fifty days, or both. In addition to the other penalties provided for in the act, anyone violating its provisions was also liable for all damage arising from disease spread by the illicit stock.

In a separate act of 1887, it was made illegal to "drive any horse infected with glanders, or pink eye; any sheep infected with scab, or foot rot; any neat cattle infected with spanich or texes or splenic fever, or with pleuro-pneumonia; any hog infected with cholera or trichina, or any of said animals that are infected with or that have been exposed to any of the above diseases whatever, along any highway or traveled road in this State." The owner of such animals was to keep them securely on his own land. Violation of this act was punishable by a fine of thirty to five hundred dollars, imprisonment of up to six months, or both, plus liability for damages for any disease spread by such stock.

In 1891, the Legislature passed an act prohibiting bringing into the state "any sheep, hog, horse, or cattle of any kind affected with any contagious or infectious disease." The act also prohibited the selling of blown, diseased or bad meat, poultry, or game, or unsound, diseased, or unwholesome fish, fruit, and vegetables. A further section prohibited the sale of any diseased animal, or meat from any

animal which was sick or diseased when killed or that died by accident or from natural causes. No calf was to be slaughtered, sold, or brought into any town for human food unless it was healthy and at least four weeks old. Any food or livestock offered for sale in violation of this act was to be forfeit, and it was made the duty of any policeman, constable, Sheriff, peace officer, or member of any Board of Health to remove such food or animals at the expense of the owner in a manner to insure public safety. Violating the provisions of the act constituted a misdemeanor punishable by a fine of twenty to three hundred dollars, imprisonment of five to sixty days, or both.

(4) Amelioration of Individual Health Problems

In 1867, the Legislature provided that any "Hospital, or other charitable asylum within this State, for the care or relief of orphan children, or of sick, infirm or indigent persons" could be incorporated. As well as providing general rules for the administration of such a corporation, the act required that a yearly report be submitted to the County Commissioners of the county in which the corporation was situated, and a biennial report sent to the Legislature. For neglecting to submit such reports, each officer and trustee of the corporation was to be liable to a five hundred dollar penalty.

In 1871, an act to amend the law in respect of Boards of County Commissioners provided the "power" for such Boards to "take care of and provide for the indigent sick of the county, in such manner only, as is or may be provided by law."

And an act of 1881, which further amended the law creating Boards of County Commissioners and included a clause that limited its application to counties which polled more than fifteen hundred votes at the general election of 1880, empowered a County Commissioner or the Board of County Commissioners to give charity to the sick provided that this was recommended as necessary in writing by a resident of the county. Such recommendations were to be kept on file in the County Clerk's office and be open to inspection by any county resident. Violating this act made the Board of individual Commissioner liable for the expense incurred and subject to a fine of fifty to one hundred dollars.

An act of 1885 prescribed that in all public schools above the grade of primary "shall be taught ... elementary physiology and hygiene, which shall give special prominence to the effects of alcoholic drinks, stimulants and narcotics upon the human system."

In sum, these acts demonstrate considerable concern with public health on the part of the Nevada State Legislature. Unfortunately, the enforcement of the provisions of this impressive body of legislation was largely left up to criminal proceedings. Also, in cases such as the law providing for the incorporation of hospitals or the powers given to County Commissioners for the relief of the indigent sick, there seems to have been as much concern with fiscal accountability as with health. The reports of the State Board of Health from its founding in 1893 until well into the twentieth century show clearly that the good intentions expressed in this body of legislation were far from adequate to actually safeguard the public health.

As there was no comprehensive state administration of these laws, evidence of their implementation should generally be looked for in local and court records.

THE STATE BOARD OF HEALTH (1893)

By the early 1890s, there had been numerous statutory provisions enacted with the intent of safeguarding and improving the health of the people of Nevada. However, there was no coordination of the implementation of these provisions and responsibility for seeing that they were carried out was divided among many office holders whose principal concerns were with other matters.

In 1893, encouraged by concern over an outbreak of Asiatic cholera in the Eastern states, the Legislature passed an act creating a State Board of Health. The act provided that within 30 days of its passage the Governor should appoint "three reputable practicing physicians" who were state residents

as the State Board of Health. The Board members were to serve two year terms and be paid five dollars per day for attending meetings and necessary traveling expenses, provided that the total annual expenses of the Board including salaries and travel not exceed one thousand dollars. At its first meeting the Board was to elect one of its members as President and to appoint "a reputable practicing physician" resident in the state as Secretary of the Board of Health. The Secretary could be made the executive officer of the Board and was to hold office until another Secretary was appointed by the Board.

The State Board of Health was to investigate the incidence and means of prevention of contagious diseases, the sources of mortality, and "the effect of localities, employment, habits and circumstances of life on the public health." The Board was also to consult with local authorities on drainage, sewerage, and water supplies, and the heating and ventilation of public buildings. The Board was given authority to promulgate and enforce regulations for the control of epidemics and contagious diseases. It was made a misdemeanor not to comply with the Board's written notifications punishable by a fine of one hundred to five hundred dollars or by imprisonment of fifty to two hundred and fifty days.

Regular meetings of the Board were to be held annually and the Board President could also call meetings. The Board was to report annually to the Governor on the working of the law and make suggestions for improvements to the public health. It was made the duty of all law enforcement officers to assist the Board in enforcing rules and regulations promulgated by the Board.

Comprehensive as this charge was, in actuality the Board did not have the resources needed to carry it out. Indeed, its resources quickly shrank as the one thousand dollars provided for its initial year of operation was greatly reduced for subsequent years and the Board would spend its first three decades seriously underfunded. Also, despite the creation of a State Board of Health with a comprehensive mandate, the Legislature continued to pass separate health legislation. Sometimes such legislation referred to the Board, and sometimes it continued the old pattern of legislative prohibition without a clear mechanism for enforcement. The Legislature also gradually established various other bodies whose authority was wholly or partly in areas related to health. This was particularly so in relation to professional licensure, livestock, and occupational issues.

In 1895, the act of 1891 regarding diseased animals was amended so that it became unlawful for anyone to introduce into the state any sheep, cattle, or horses that had any infectious or contagious disease or that had been in contact with diseased animals within ninety days of their importation into Nevada. It was also made unlawful to bring sheep, cattle, or horses into the state "between the last day of March and the first day of November" from anywhere "situated south of the 36 parallel of north latitude, unless such ... have been held at some place north of the said parallel of latitude for the period of at least ninety days immediately preceding their importation." This quarantine period could be avoided if the owners secured a certificate of health for the stock from the State Board of Health with the expense of any needed inspection to be borne by the owners. It was made a duty of the Board of Health to issue such certificates after satisfactory proof and examination of the stock, and the Board was empowered to employ a "competent veterinary surgeon to inspect and investigate" cases of diseased stock. Anyone who violated the restrictions on importing animals in the act or who obtained a certificate of health by false representations was to be liable for civil damages in respect of any stock subsequently infected within the state. In addition, violation of the act was to constitute a misdemeanor punishable by a fine of from twenty to five hundred dollars or by imprisonment for twenty days to six months. In a separate act of 1895, the 1893 act establishing the State Board of Health was amended to specifically include in the Board's duties the issuance of certificates of health for livestock.

In 1897, the Legislature passed an act forbidding the manufacture or sale of "candy adulterated by the admixture of terra alba, barytes, talc, or any other mineral substance, or by poisonous colors, or flavors, or other matters or ingredients deleterious or injurious to health." Candy so adulterated was to be seized and destroyed under the direction of the Court. Violating this act was made punishable by a fine of ten to one hundred dollars or by imprisonment of twenty-five to fifty days.

In 1901, the Legislature established an independent State Board of Pharmacy consisting of five "competent pharmacists" to be appointed by the Governor. Each was to have practiced pharmacy in Nevada for at least five years immediately prior to appointment. The Board was to choose members to serve as President and Secretary on an annual basis and it was to meet twice a year on the first Mondays of May and November. This Board was empowered to "issue certificates to all who furnish satisfactory proof of having received diplomas or licenses from reputable and legally chartered Colleges of Pharmacy, and Boards of Pharmacy of the United States, which are in good standing." The Board was to have two forms of certificate: One for these candidates, and one for those examined by the Board. On issuing a certificate the Board was to notify the County Clerks who were to keep and file the notices and maintain a list of the persons to whom they were issued. In addition to the two types of candidates, the Board was to issue certificates to those who had been regularly engaged in the practice of pharmacy in the state for the five years preceding the passage of the act. The Board's own examination of candidates was to be "thorough and searching" and only made subsequent to proof that the applicant had "at least a grammar school preliminary education, and not less than four years experience in pharmacy work or in compounding physicians' prescriptions." The Board was to collect five dollars from each applicant and a further ten dollars on issuance of a license. These moneys to pay the expenses of the Board. Certificates were to be recorded in the county of residence of the recipient.

The pharmacy act also provided that failing "to use due care and reasonable caution" or being "grossly negligent in compounding drugs or in the filling of prescriptions, to the jeopardy of the health or life of the public" would constitute a misdemeanor punishable by a fine of one hundred to five hundred dollars, by imprisonment for fifty to one hundred and eighty days for each offense, or both. After such a conviction the Board was to permanently revoke the individual's certificate and copies of the revocation was to be sent to the County Clerks and Recorders with the Clerks to file it and keep a list of revocations and the Recorders to record it. The Board could also revoke or refuse certificates when the Board was satisfied of the negligence or unprofessional conduct of an individual, but a refusal or revocation without an actual conviction was appealable to the courts.

Practicing pharmacy without complying with the provisions of the act was to be deemed a misdemeanor punishable by a fine of not less than one hundred dollars, imprisonment for fifty to one hundred and eighty days, or both. Any person could institute a prosecution under the act, and it was made a duty of the Board to do so when satisfied that a breach of the act exists.

The pharmacy act further provided that to adulterate, deteriorate, or substitute any "drug, chemical or medical preparation" without the knowledge of the purchaser was made a misdemeanor punishable by a fine of ten to fifty dollars for the first offense, and fifty to one hundred dollars for subsequent offenses. The Board was empowered on receipt of a written complaint alleging violation of this provision to delegate one of its members or another person to investigate the case and, if the Board found the report justified such action, they were to notify the District Attorney to prosecute. The act included two schedules of poisons the sale of which other than by prescription or in single dose amounts required cautionary labeling. The retailer was also to inquire whether the buyer was aware of the poisonous character of the substance and be assured that it was to be used for a legitimate purpose. The sale of Schedule "A" poisons required an entry in a specific record book of "the date of sale, the name and address of purchaser, the name and quantity of the poison sold, the purpose for which it is stated by the purchaser to be required and the name of the dispenser." This record book was to be kept at least five years. Failure to comply with this section was to constitute a misdemeanor punishable by a fine not exceeding fifty dollars.

Finally, it was made a misdemeanor for any licensed pharmacist to permit anyone not licensed by the Board to compound or dispense drugs or fill prescriptions punishable by a fine of twenty-five to one hundred dollars for the first offense, and one hundred to five hundred dollars for subsequent offenses. There was a provision that general dealers did not come under the provisions of the act in selling "proprietary medicines in original packages" but affirming that they could not "compound or prepare any pharmaceutical preparations or prescriptions."

This very substantive provision for putting the practice of pharmacy in the state on a sound footing and to protect the public health was made without giving any role to the Board of Health.

Another act of 1901 made it illegal to sell "the meat of any equine animal, without informing the purchaser ... that said meat is the meat of an equine animal." Violating this provision was to constitute a misdemeanor punishable by a fine of not more than fifty dollars, imprisonment for not more than twenty-five days, or both. It was also made unlawful for any person peddling "equine" meat who was not the keeper of a shop to sell it without having available for exhibition the hide of the animal complete with brand marks. Violation of this provision also constituted a misdemeanor subject to the same penalties.

In 1903, an act "for preventing the spread of contagious diseases" provided that when any one or more of the County Commissioners in any county learned that a case of smallpox or other highly contagious disease existed in the county that the Commissioners must meet and take all necessary steps to curtail the spread of the disease. The Commissioner living nearest to the outbreak was given authority to act for the Board until it was able to meet. The Commissioners were empowered to adopt and enforce quarantine regulations and to provide medical care for those who could not afford to pay for it. Failure to abide by the provisions of the act or quarantine regulations established under it was to constitute a misdemeanor punishable by a fine of not more than five hundred dollars, imprisonment of not more than six months, or both. In formulating quarantine regulations, the Commissioners were to consult with the County Board of Health, if such existed, the County Physician, if there was one, or with the State Board of Health "when practicable"; but when prompt action was necessary they were to "act upon their own judgment temporarily at least." Provision was made that the State Board of Health "may adopt reasonable quarantine regulations for the guidance of the Boards of County Commissioners" and such were to be "enforced as supplementary to the provisions of this Act."

Notwithstanding the body of legislation already dealing with the prevention of disease among livestock and the powers already vested in the State Board of Health, the 1903 legislature passed an act which provided that the Governor could issue "a proclamation of quarantine against any State or States, district or districts, infected by contagious diseases prevailing among livestock of said States or districts" upon application of ten or more citizens of Nevada. The resulting prohibition on the entry of livestock from the quarantined area was not to apply to stock being transported through the state by any railroad on a federal permit. The Governor was also given the power to employ a veterinary surgeon to investigate diseases affecting livestock in the state. Violation of any quarantine established under this act was to constitute a misdemeanor punishable by a fine of one hundred to two thousand dollars, together with the costs of treating and disinfecting the livestock; with a provision that the livestock were to be held by the veterinary surgeon appointed by the Governor until both the fine and costs were paid.

In 1905, the Legislature enacted that each county in the state should establish a County Board of Health comprising the County Physician, the Sheriff, and the Board of County Commissioners with the County Physician to act as Chairman. Particularly in light of the inability of the State Board to meet public health needs around the state, these officials had in effect acted as such a board for some time. It was to be the duty of this County Board to oversee sanitary conditions in the county and to enforce health regulations. The County Board was to act under the supervision of the State Board of Health except that in emergencies the County Board could act and then report to the State Board. Not complying with the County Board's notifications was made a misdemeanor punishable by a fine of fifty to two hundred dollars, imprisonment of twenty-five to one hundred days, or both. It was the hope of the State Board that having a local board functioning in each county would bring public health management closer to the day to day needs of the population.

In early 1905, the Sheriff of Esmeralda County and residents of Goldfield had informed the Governor that there was an epidemic of smallpox in the town and that the local officials were unable to cope. The Governor referred the correspondence to the Senate, and the Committee on Public Morals of the Senate consulted the State Board of Health and requested that a member of the Board investigate the

situation. Dr Simeon Lee, Secretary to the Board, visited the area and reported that although there were less than ideal sanitary conditions and cases of mild smallpox, among other contagious diseases, there was no need for serious concern. The Legislature voted \$500 to pay the expenses of this investigation. It is a clear indication of how inadequate the Board of Health's budget was to meet its statutory mandate when such a sum (equivalent to the Board's entire biennial appropriation) was required to meet the costs of this one incident.

Also in 1905, the Legislature passed an act requiring burning or burial within twenty four hours of the carcasses of any domestic animals that died of a contagious or infectious disease within one mile of any town city, or inhabited ranch house, or half a mile of any public highway. Failure to comply with the act would constitute a misdemeanor punishable by a fine of ten to fifty dollars, imprisonment for ten to twenty days, or both.

In a 1907 act to provide for the reorganization of school supervision and maintenance in Nevada, the Legislature required that physiology and hygiene be taught in public schools with "especial attention" being given "to the effects of stimulants and narcotics upon the human system."

The 1909 Legislature passed a number of acts related to public health issues without connecting them to the statutory mandate already given to the State Board of Health.

The comprehensive 1909 act in respect of adulterated, mislabeled or misbranded, or poisonous or deleterious foods, drugs, medicines, and liquors gave authority for the making of rules and regulations under the act and its general enforcement to the Nevada Agricultural Experiment Station. For the purposes of the enforcement of the act Sheriffs were constituted agents of the Station. This act also appropriated \$6,000 for carrying out its purposes. This contrasts strongly with the \$500 per annum appropriated by the same Legislature for the Board of Health.

An act of 1909 made selling, bartering, or exchanging "opium, morphine, yen shee, cocaine, or any by-product thereof, or any spirituous or malt liquor or beverage" in the State prison, jails, public institutions for the insane, or any other public institution in which persons were lawfully confined a felony punishable by imprisonment for one to five years. The act was not to apply to physicians who prescribed or furnished such drugs or liquor for medicinal purposes only.

There was also a 1909 act to authorize unincorporated cities and towns to issue bonds for constructing sewerage systems. The total of such bonds for any city or town was not to exceed \$60,000, the interest rate could not be more than 6%, and the bonds were to be redeemable after a period of three to fifteen years. Bonds could not be issued without a majority vote in favor being cast at a special election of the town or city, and providing for payment of the bonds was to be by an additional local tax levy. Construction was to be under the supervision and control of the County Board of Commissioners, but if the town or city subsequently incorporated the control and management of the sewerage system was to immediately vest in the municipal government.

Another 1909 act prohibited the disposal of "any slop, empty bottles, dead animals or other refuse or garbage on any sidewalk or in or upon any street or any vacant or occupied lot in any unincorporated town." Violation of the act was to constitute a misdemeanor punishable by a fine of five to fifty dollars, imprisonment of not more than twenty-five days, or both.

As well as placing the administration of the Food and Drug Act in hands other than the Board of Health, the 1909 Legislature established an independent State Hygienic Laboratory at the University of Nevada "for the diagnosis of infectious diseases and the conduct of research into the nature, causes, and control of such diseases." The Regents of the University were to administer the appropriation to establish the laboratory and to appoint a skilled bacteriologist as Director and one assistant. Any health officer, health board, or licensed physician in the state was to be able to use the services of the laboratory free of charge. The Director was to publish an annual report of the work of the laboratory and, as necessary, circulars or bulletins on research results.

By 1910, Nevada had a much underfunded State Board of Health which was unable to carry out the totality of its statutory mandate. At the same time, the Legislature continued to pass a broadening body of public health related legislation which both overlapped with duties assigned to the Board of Health and redirected public health resources to other agencies.

THE REORGANIZED BOARD 1911

In 1911, the Legislature passed an act to create a new State Board of Health which greatly extended the purview and authority of the Board and reconstituted it as a full-time function of state government. The President and Secretary of the Board were to be appointed by the Governor for a term of four years and had to have been practicing medicine in Nevada for at least five years to be eligible. The third member of the Board was to be appointed by the other two members and the Governor, and the practice requirement was not to apply. The Board was to meet in Carson City on the first Tuesday in January and the first Tuesday in July of each year and at such other times as called by the President. The Secretary was to keep a record of vital statistics, issue semi-annual bulletins and a biennial report on the work of the Board. He was to compile the reports of health officers around the state, keep the minutes of the Board, and deal with correspondence. When called on by a local health officer, he was to go to the locality of an epidemic and assist in eradicating it and preventing its recurrence; and he was to investigate any epidemic when requested to do so by the Board. The local health officer in each county was to collect vital statistics and could appoint deputies with the approval of the Board of County Commissioners. For collecting and compiling the statistics he was to receive not less than twenty-five dollars per month from the county. Deputies were to be paid not more than twenty-five dollars per month. Deputy health officers were to file a monthly report with the local health officer not later than the fifth of each month; and the local health officer was to submit a compiled report to the Secretary of the Board by the tenth with a copy of the report filed with the County Recorder. Most of the lengthy act establishing this Board was concerned with vital statistics giving detailed requirements for death certificates, burial permits, and birth registration. Reliable vital statistics had come to be recognized by the early 1900s as the necessary basis for a public health program, both to identify problems and to measure success.

In 1913, a Poisons Act separate from the Pharmacy Board Act was passed which greatly extended the lists of scheduled substances and elaborated the control procedures. The act added to the requirements for the register of schedule "A" sales that it include the time as well as the date of purchase, and the signatures of both the purchaser and pharmacist.

In 1917, the Legislature passed an act requiring that teachers in public schools test and examine every child "to ascertain if such child is suffering from defective sight or hearing, or diseased teeth, or breathes through its mouth." The teacher was to notify the parent of any child suffering from such a defect and explain "the necessity of medical assistance." The Board was to prescribe rules for making the tests and furnish test-cards and "other useful appliances." The testing was to be done during the first month of each school year, and immediately for any child entering during the school year. School district boards of education and trustees were given the duty of enforcing the provisions of the act. However, there were no penalties prescribed for failure to abide by the act, and any child was to be exempt from examination "upon written statement from his or her parents or guardian that they object to the same."

As there was "no adequate fund to provide against and care for such an emergency" as an epidemic outbreak of infantile paralysis or spinal meningitis, a further act of 1917 established a medical emergency fund of \$10,000. This fund was to be used by the Board, subject to the approval of the Governor, "when it appears ... that a great menace to the public health and safety exists and is beyond the control of the county, municipal or other local authorities."

ANOTHER REORGANIZATION OF THE BOARD (1919)

The 1919 Legislature reconstituted the Board of Health to consist of the Governor, Secretary of State,

and three licensed physicians with the degree of M.D. to be appointed by the Governor. One of the three physicians was to be designated as Secretary by the Governor and to serve as State Health Officer, Executive Officer of the Board, and State Registrar of Vital Statistics at an annual salary of \$2,500.00. The 1919 act further elaborated on the functions of county and municipal boards of health and local health officers and designated the State Hygienic Laboratory as the official laboratory of the State Board of Health.

Between 1919 and its next reorganization in 1939, the State Board of Health developed as an increasingly professional operation. By 1938 it consisted of seven Divisions, each headed by its own Director: Administration and Personnel; Vital Statistics; Maternal and Child Health and Crippled Children's Services; Dental Hygiene; Sanitary Engineering; Local Health Administration and Epidemiology; and Venereal Disease Control. By the 1930s, public health legislation was much more likely to place oversight responsibility in the Board. Thus in 1931, the Board was given authority to inspect mausoleums. And as the decade continued the Board gradually began inspection programs for various places of public accommodation.

In 1935, the Legislature gave the Board authority to regulate public swimming pools and bathhouses. The construction or operation of a public swimming pool, bathhouse, or nudist colony without a permit from the Board was declared unlawful. The Board, and its agents, were given a right of inspection, and permits could be revoked or suspended by the Board if it determined that premises were being conducted in an unsanitary manner or constituted a danger to public health. Any swimming pool constructed or operated contrary to the provisions of the act was to constitute a public nuisance which could be abated or enjoined in an action brought by a local Board of Health or the State Board. Violation of the act constituted a misdemeanor and each day the violation continued was to be deemed a separate offense. Each offense was punishable by a fine of twenty-five to five hundred dollars, imprisonment not to exceed six months, or both.

THE RECONSTITUTED BOARD 1939

In 1939, the Legislature reconstituted the Board of Health once more. The Board was now to consist of the Governor, two physicians, one dentist, and one lay member. Although the members of the Board were still appointed by the Governor, the Board was to choose its own Chairman and the State Health Officer was still to act as Secretary to the Board but not serve as a member. The work of the Board was now carried on under eight Divisions as the 1939 Legislature transferred responsibility for the State Hygienic Laboratory to the Department of Health which was to be constituted by the Board and the State Health Officer and now to include a Division of Laboratories. Although some new programs in areas such as mental health, radiological health, and licensure were added over the years, and the Divisions and Bureaus were periodically regrouped or renamed, the basic structure of the Health Department was in place after the 1939 reorganization.

In 1963, the Department of Health and Welfare was established and the former Health Department became the Division of Health of the new department. In 1967, the umbrella department was renamed Health, Welfare, and Rehabilitation. In 1973, the Legislature established a Department of Human Resources of which the Health Division continues to be a part.

Health Division - Records

1947-2003 – 23 cu. Ft.

The records of the Nevada Division of Health consist of materials documenting administration of the Division and not individual programs such as Radiological Health or Aging (both of which have separate finding aids). There are no grant or patient files.

Board of Health Meetings 1969-2004 12 cu. ft.

Minutes, agendas, and meeting materials

Health Division Administrator 1976-2002 4 cu. ft.

Correspondence, bureau correspondence, legislative files, fundamental review.

Bureaus of the Health Division 1949-2002 5 cu. ft.

Materials on the following bureaus: Community Health Services, Consumer Health Protection Services, Disease Control and Intervention Services, Family Health Services, Health Facilities, Health Planning, and Health Protection Services.

Hospital Services 1947-1966 1 cu. ft.

Annual Plan for Construction of Hospitals and Mental Health Facilities, hospital licenses.